



APPLICATION FOR REGISTRATION OF PROFESSIONAL EMPLOYER ORGANIZATION CERTIFIED BY INDEPENDENT NATIONAL ORGANIZATION

Full name of applicant:

FEIN#:

Principle business location (street, city, state, ZIP code):

Address of each Indiana office (street, city, state, ZIP code):

Contact person:

Title

Telephone number
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Email Address:

Website Address:

Is the applicant sponsoring a health plan? Yes No

If yes, is the plan fully insured? Yes No

If the plan is fully insured, provide:

i. Name of insurance company _____

ii. Name of producer _____

Term and effective date of coverage _____

List the name of the Independent National Organization with whom the applicant is certified or accredited.

Is the Independent National Organization listed on the Department's website?

Yes No

If offering a health plan and it is not fully insured, does the applicant maintain an office in Indiana? Yes No

If yes, do not proceed with this form but do proceed to complete an Application for Registration of Professional Employer Organization.

If offering a health plan and it is not fully insured, does the applicant directly solicit clients located or domiciled in Indiana? Yes No

If yes, do not proceed with this form but do proceed to complete an Application for Registration of Professional Employer Organization.

If offering a health plan and it is not fully insured, does the applicant have more the fifty (50) employees employed or domiciled in Indiana?

Yes No

If yes, do not proceed with this form but do proceed to complete an Application for Registration of Professional Employer Organization.

The following attachments must accompany this application:

1. Registration fee of two hundred and fifty dollars (\$250).

2. Provide an affidavit from the Independent National Organization confirming the applicant's certification or accreditation.

3. Provide a listing of applicant's Indiana clients.

Do Not Write In this Section-For Departmental Use Only

I certify that the above statements are true.

Signature

Date

Printed Name

Title